

Rev. 03/28/2001



Attorney Docket No: NDIS-002/01US

PATENT

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR ANALYZING A PATIENT MEDICAL
INFORMATION DATABASE TO IDENTIFY PATIENTS LIKELY TO EXPERIENCE A
PROBLEMATIC DISEASE TRANSITION**

the specification of which:

☐ is attached hereto;

☒ was filed as United States Application Serial No. 09/917,228 on July 27, 2001.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information which is known to me to be material to the patentability of said invention in accordance with 37 C.F.R. §1.56;

I hereby claim the benefit under 35 U.S.C. §119(c) of any United States provisional application(s) listed below:

60/221,094
(Application Number)

July 27, 2000
(Filing Date) (day, month, year)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Application Serial No.: 09/917,228
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Full name of first inventor: **Eric L. SCHWARTZ**

Inventor's signature 

Date 11/1/01

Residence: **San Francisco, California**

Citizen of: **U.S.A.**

Post Office Address: **273 Filbert Street, #2, San Francisco, California 94133**

Full name of second inventor: **Daniel M. SCHWARTZ**

Inventor's signature 

Date 10/31/01

Residence: **San Francisco, California**

Citizen of: **U.S.A.**

Post Office Address: **42 Calhoun Terrace, San Francisco, California 94133**

Full name of third inventor: **Christopher M. QUALE**

Inventor's signature 

Date 11/1/01

Residence: **Richmond, California**

Citizen of: **U.S.A.**

Post Office Address: **2656 Mira Vista Dr., Richmond, California 94805**

Rev. 03/28/2001

Attorney Docket No.: DIS-002/01US

PATENT

Applicant or Patentee: Eric L. SCHWARTZ, et al.

Serial No.: 09/917,228

Filed: July 27, 2001

For: **METHOD AND APPARATUS FOR ANALYZING A PATIENT
MEDICAL INFORMATION DATABASE TO IDENTIFY PATIENTS
LIKELY TO EXPERIENCE A PROBLEMATIC DISEASE TRANSITION****ASSERTION OF ENTITLEMENT TO SMALL ENTITY STATUS UNDER
37 C.F.R. §1.27 - SMALL BUSINESS CONCERN**

I hereby declare that I am:

- ☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of
the concern identified below:

Name of Small Business Concern: **Network Disease Management, Inc.**
Address of Small Business Concern: **42 Calhoun Terrace
San Francisco, California 94133**

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 37 C.F.R. §1.27 for purposes of paying reduced fees under 35 U.S.C. §§41(a) and (b), in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both;

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled "Method and Apparatus for Analyzing a Patient Medical Information Database to Identify Patients Likely to Experience a Problematic Disease Transition," and described in:

- ☐ the specification filed herewith;
☒ the application identified above; or
☐ the patent identified above;

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could

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not qualify as an independent inventor under 37 C.F.R. §1.27(a)(1) or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.27(a)(2) and 13 C.F.R. §121 or a nonprofit organization under 37 C.F.R. §1.27(a)(3):

*NOTE: Please obtain separate Assertions of Entitlement to Small Entity Status from each named person, concern or organization having rights to the invention averring to their status as small entities.

Name:

Address:

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. §1.27(g))

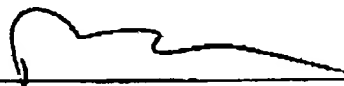
Signature

Date

Name of Person Signing

Title of person other than owner

Address of person signing


6.13.01

Daniel M. Schwartz

President

42 Calhoun Terrace
San Francisco, California 94133

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